Independent Citizens Redistricting Commission

Application Review and Quality Control Sheet

Applicant N	Name: Christopher	Sean Burton		
Date Recei	ved:1/29/13	Applicant Number:	030	
Recommended Applicant Pool Status: Final Applican			ool Status:	
Includ	ed 🔲 Removed	✓Included	Removed	
REQUIREMENTS:				
1. Was the application received before the submission deadline?			☐Yes ☐No	
If NO, list time/date application was received:				
2. Is the app	☐Yes ☐No			
If NO, list the item(s) that need to be completed:				
3. Indicate how the applicant responded to the following questions:				
A. Student enrolled in a college/university in the City of Austin?			□Yes ὑNo	
If YES, consider I and ii only; If NO, consider I, ii, iii, and iv:				
i.	Reside in the City of Austin?		☐Yes ☐No	
ii.	Registered to vote in the City of	f Austin?	Øyes □No	
iii.	Continuously registered to vote	in the City of Austin?	□Yes □No	
iv.	Voted in 3 of the last 5 City of A	ustin general elections?	☐Yes ☐No	
			./	
	needed related to REQUIREMEN		□Yes ☑No	
If YES,	, identify issue(s) addressed and dis	sposition:		

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CONFLICTS OF INTEREST:	
4. Did the applicant respond "Yes" to any conflict of interest question(s):	estions?
❖ Follow-up needed related to CONFLICTS OF INTEREST? If YES, identify issue(s) addressed and disposition:	□Yes □No
CONSISTENCY: 5. Are applicant answers consistent? If NO, indicate which answer(s):	□ Yes □ No
Follow-up needed related to CONSISTENCY? If YES, identify issue(s) addressed and disposition:	□Yes □No
Application Reviewed By: Quality Control Review By: Follow-up Contact(s) Reviewed By:	Review Date: 2/6/13 QC Review Date: 2/18/13 Date: